

FIG. 1

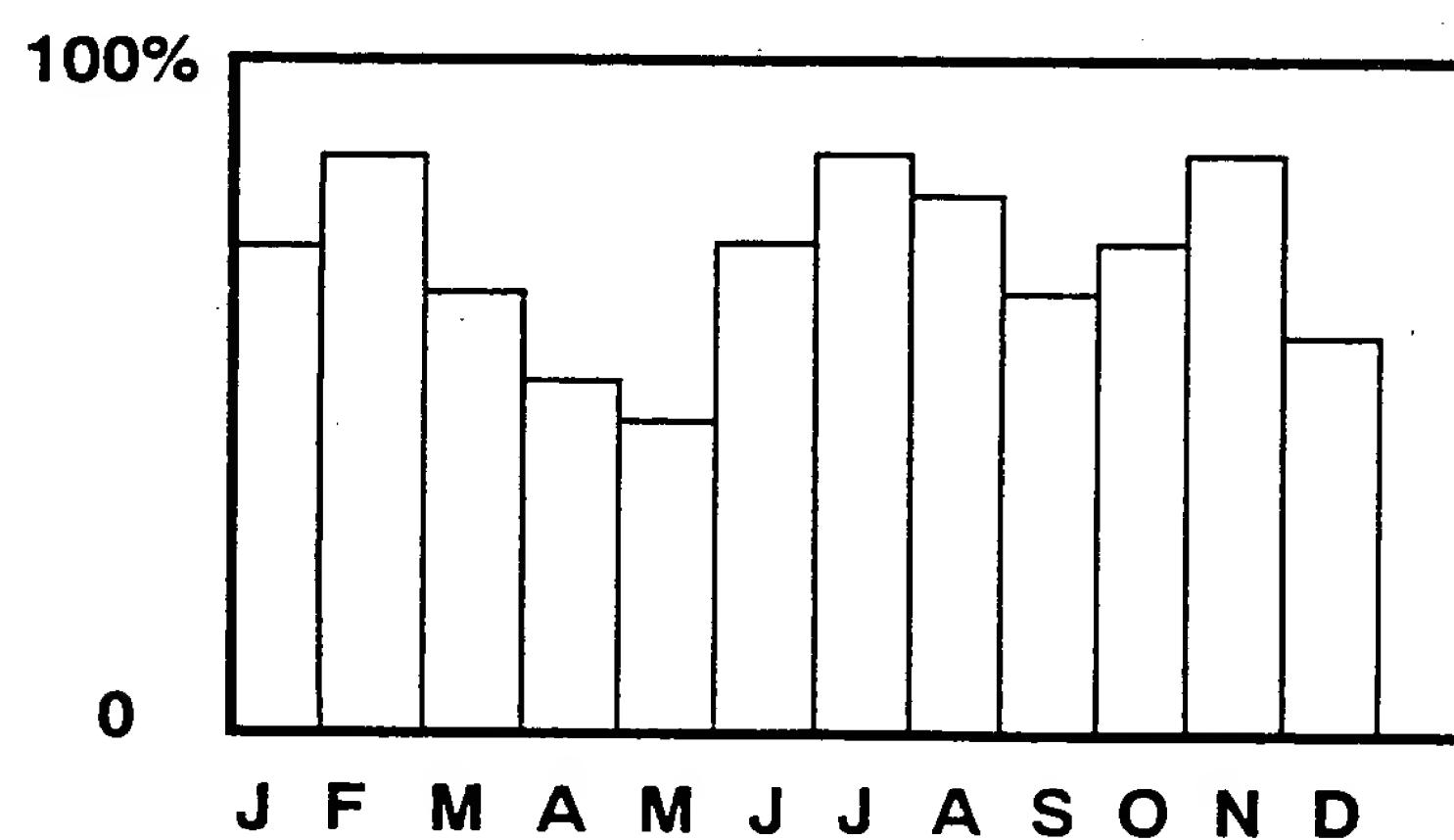


FIG. 2

FIG. 3

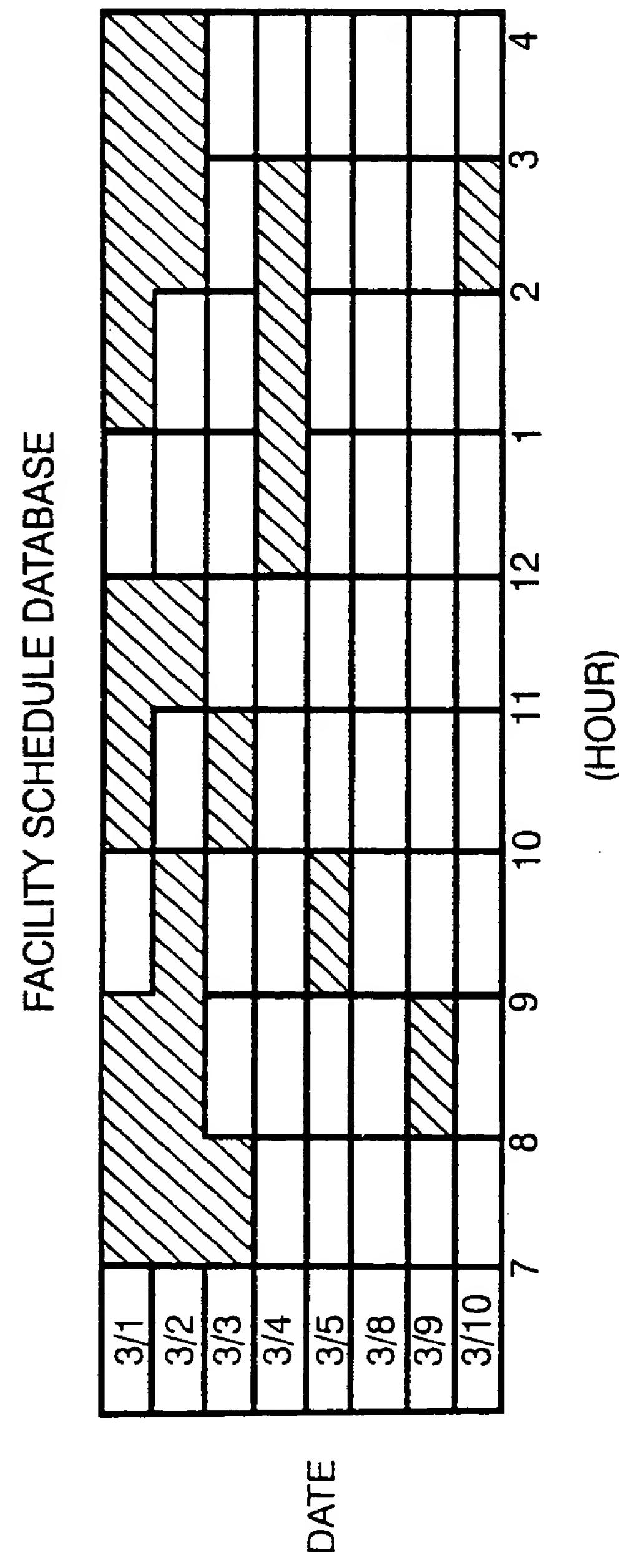
FACILITY REVENUE FORECAST

MONTH	\$/HC	\$/HR	\$/HR-\$/HC
J F M A M J J A S O N D	280	250	-30
	280	280	0
	280	240	-40
	280	210	-70
	280	240	-40
	280	280	0
	280	300	20
	280	240	-40
	280	200	-80
	280	240	-40
	280	295	15
	280	295	15

FIG. 4

PRICING DATABASE

PROCEDURE	STANDARD FEE	TIME (H)
LIPOSUCTION	\$5000	1.75
RHINOPLASTY	5000	1.75
BREASTS AUGMENT	8000	3.0



5
EIG

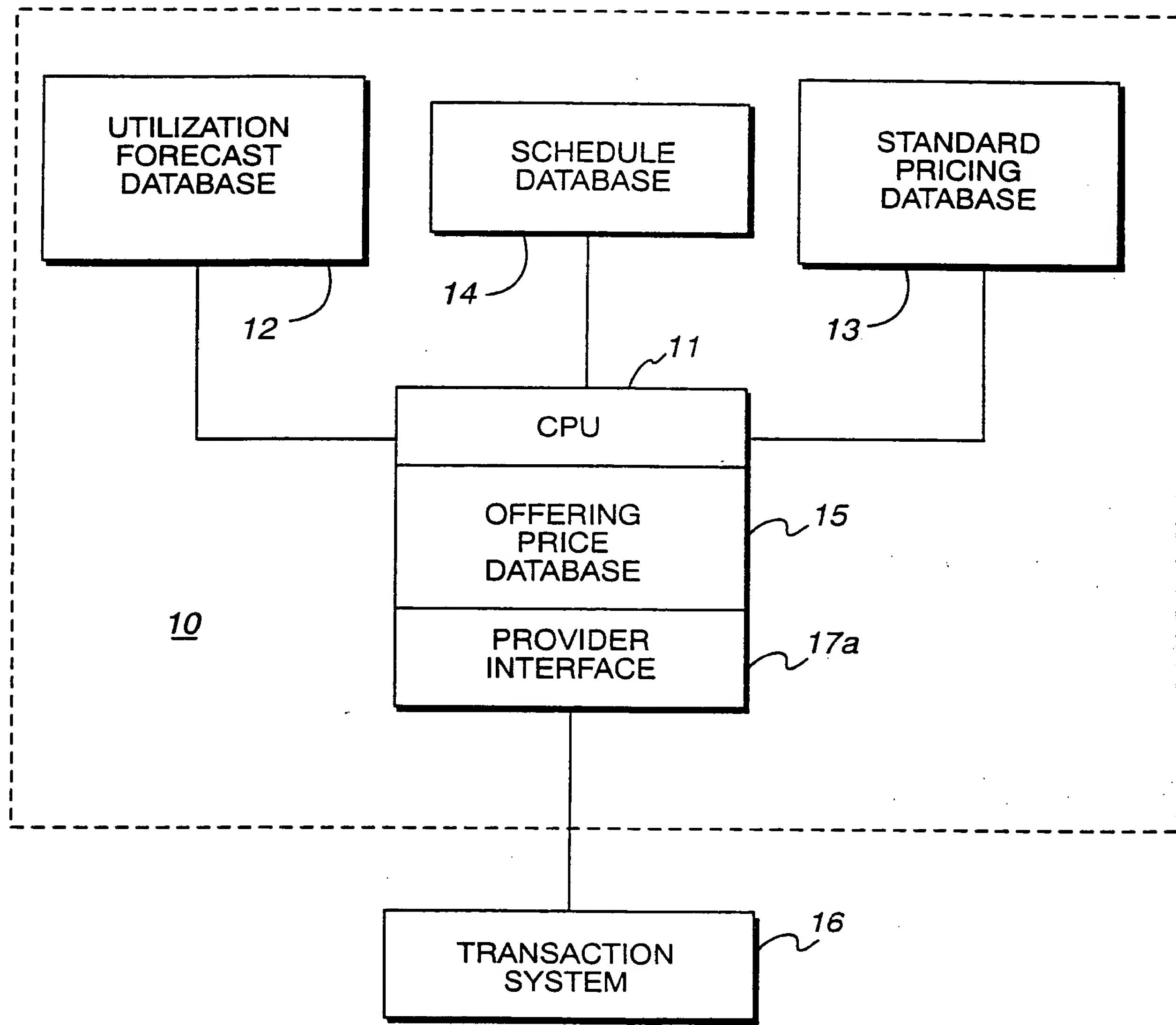


FIG. 6

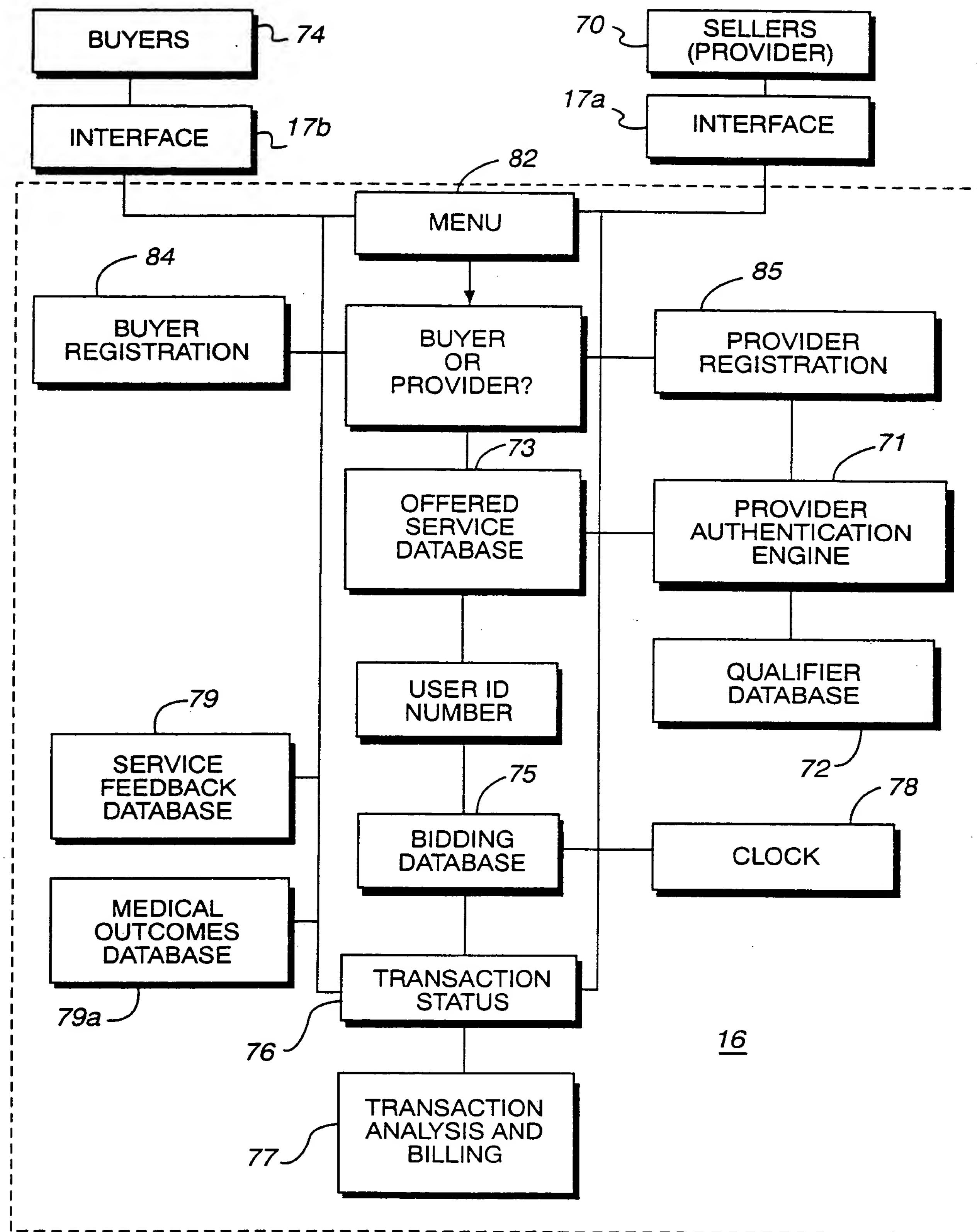


FIG. 7
EXAMPLE TRANSACTION SYSTEM OVERVIEW DIAGRAM

80

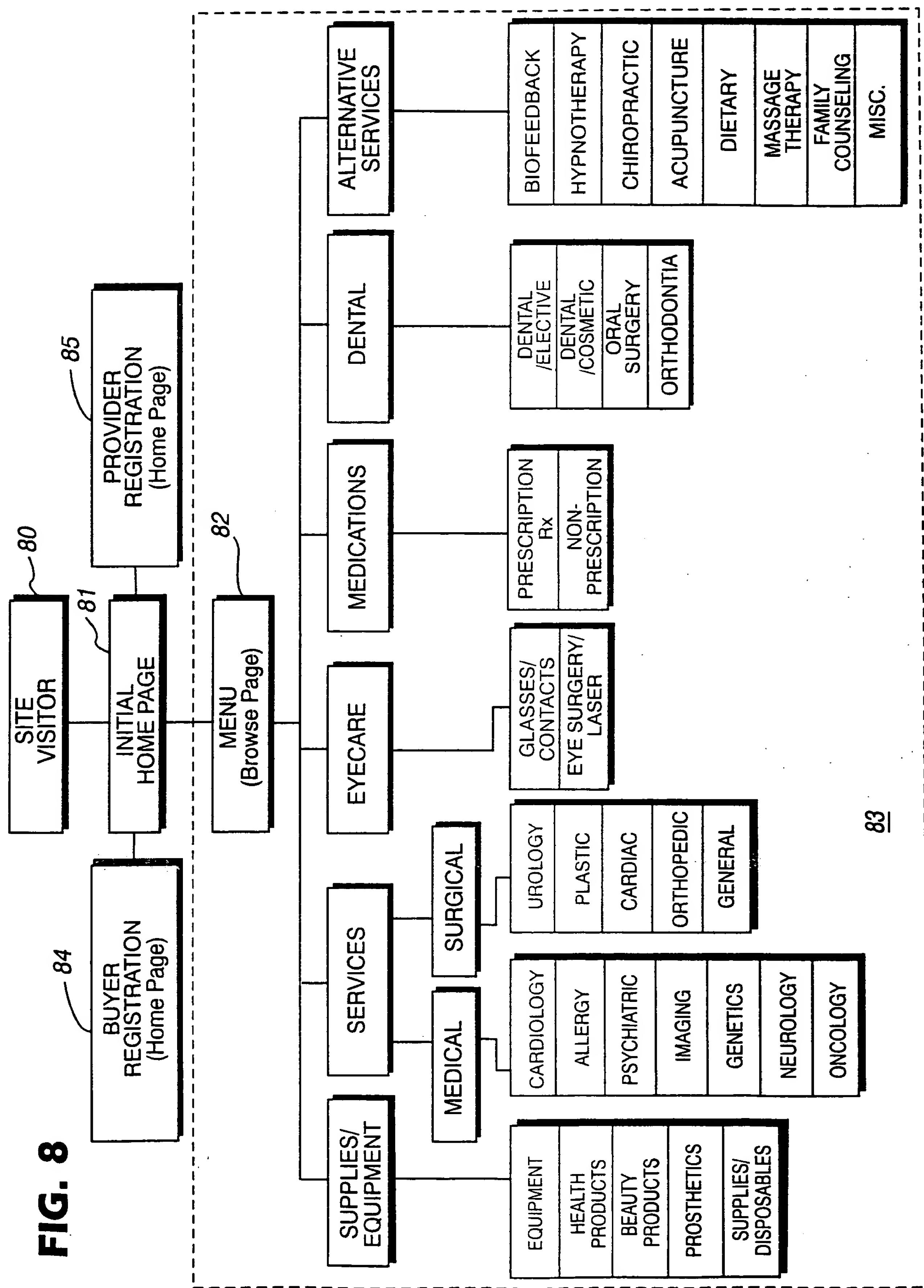


FIG. 9

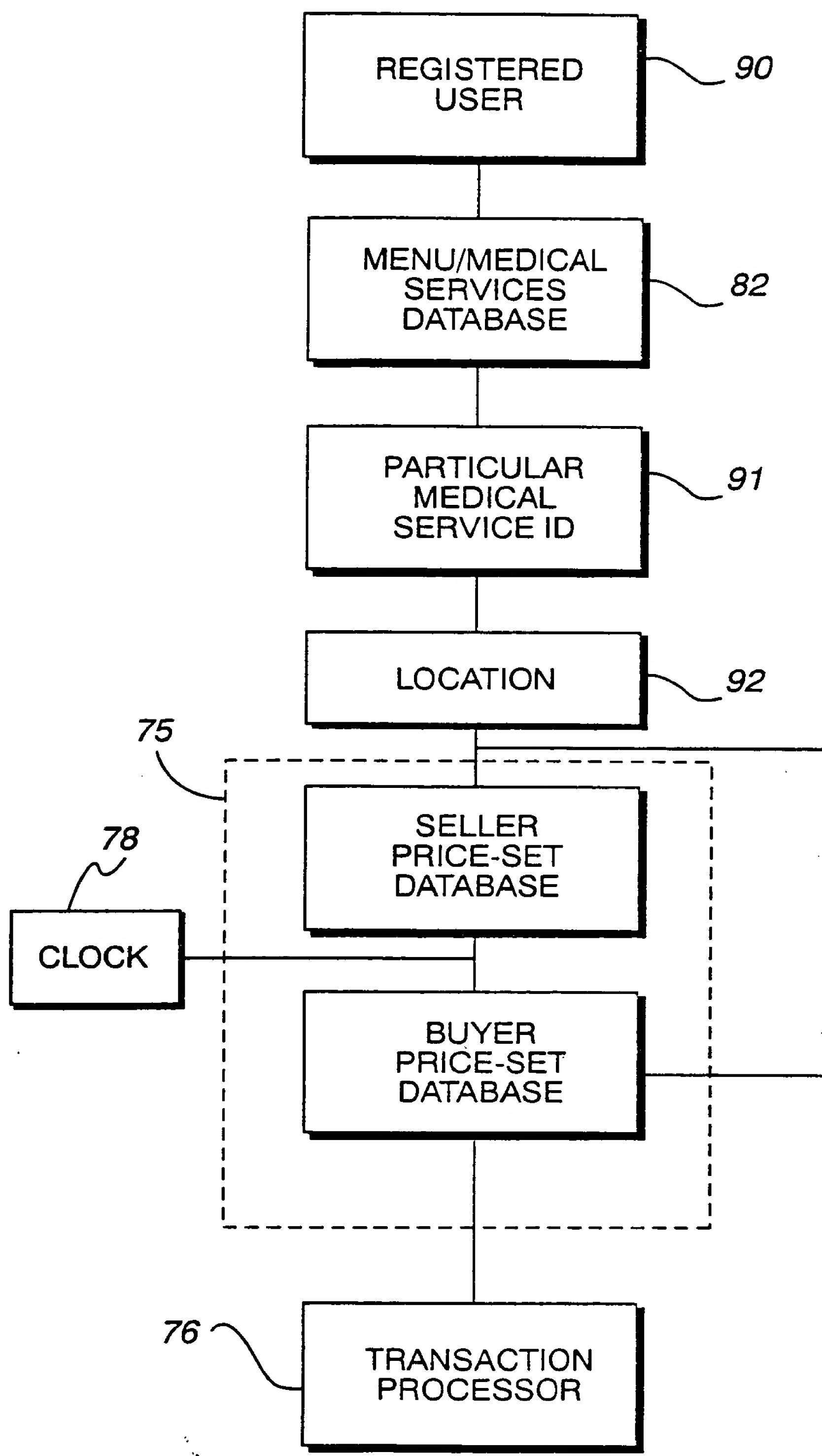


FIG. 10

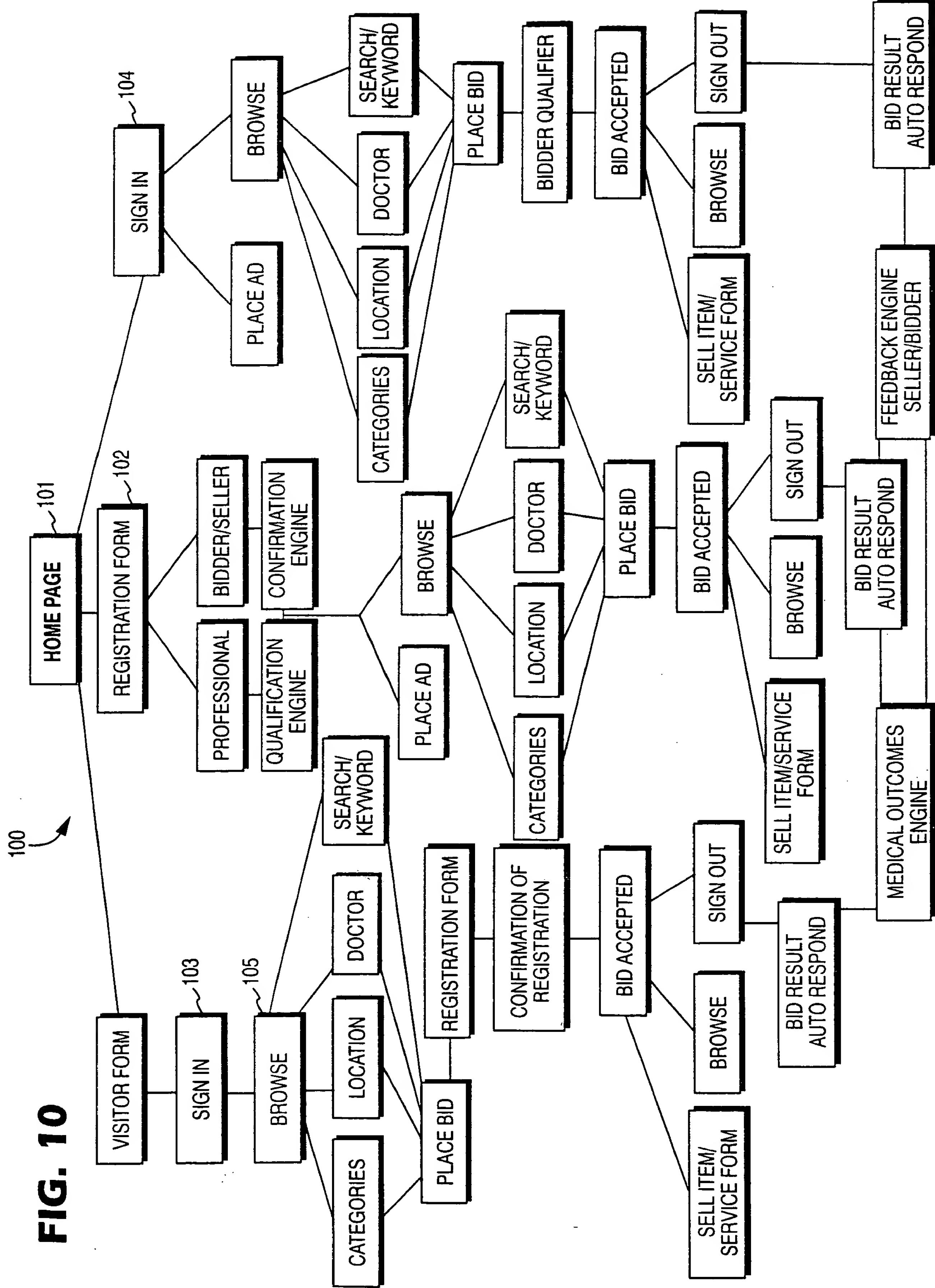
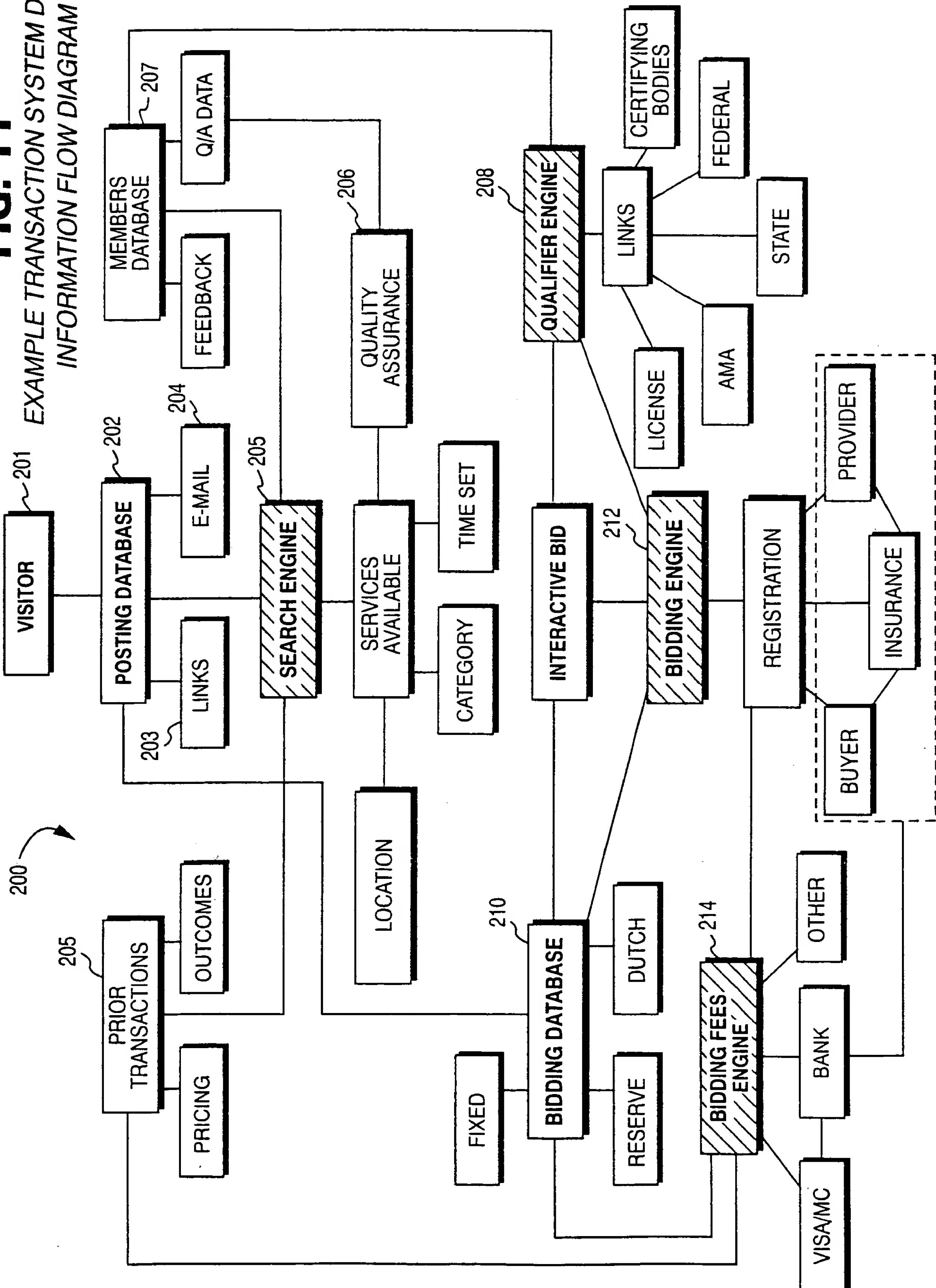


FIG. 11
EXAMPLE TRANSACTION SYSTEM DATA/
INFORMATION FLOW DIAGRAM



MedicalBid.com

Welcome, to the medical resource site, giving you a choice in your medical care!

Bidding is as easy as one, two, three!

One: Choose a medical category and/or type in a keyword search.
 Two: Optional, select a state of desired service.
 Three: Optional, select a month you would like this medical service rendered.
 Finally: Hit the submit button.

Available services and provider qualifications will be listed for your bidding consideration.

Experimental Treatments Studies

This is a ~~test~~ area where qualified studies in progress are listed by investigators. The study protocols, subject selection, investigator qualifications, and regulatory approvals are listed when available.

Charity Bids

Eye Surgery-\$1500
Breasts Enlargement-\$1100
Teeth bleaching-\$50
Prescription drugs-all %50 off
Hospital bed-\$999

Charity Bids

Kidney-\$1000
prosthetic arm-\$500
braces-\$750
Nurse-\$400/wk
eye-glasses-\$75

Charity Begins Here!

Step #1

Service

- Allergy & Immunology
- Anesthesiology
- Cardiology
- Dermatology
- Endocrinology
- Family Practice
- Gastroenterology
- Geriatrics
- Infectious Disease
- Internal Medicine
- Medical Genetics
- Nephrology
- Neurological Surgery
- Neurology
- Obstetrics & Gynecology
- Oncology (Cancer)
- Ophthalmology
- Otolaryngology
- Pathology
- Pediatrics
- Physical Medicine
- Plastic Surgery
- Preventive Medicine
- Psychiatry
- Radiology
- Surgery
- Urology

Step #2 (optional)

Select a State for Service:

Step #3 (optional)

Select a Month for Service:

Final Step:

or you may do a search by Keyword here

Advanced Search

Alternative

- Biofeedback
- Hypnotherapy
- Chiropractic
- Acupuncture
- Dietary
- Massage therapy
- Family Counseling
- Misc.

Supplies & Equipment

- Equipment
- Health Products
- Beauty Products
- Prosthetics
- Supplies/Disposables

Services

- Dental/Elective
- Dental/Cosmetic
- Oral Surgery
- Orthodontia

Prescription Rx

- Prescription Rx
- Non Prescription

Step #1 (optional)

Select a Month for Service:

Step #2 (optional)

Select a Month for Service:

Final Step:

or you may do a search by Keyword here

Advanced Search

FIG. 12
EXAMPLE MENU PAGE

[Home](#) [Browse](#) [Search](#) [Sell Item](#) [Registration](#) [Help!](#)

EMedicalBid.com

Welcome, to the medical resource site, giving you a choice in your medical care!

Choose Your Destination

sign-up [Click Here!](#)

Visitor Log-in Here

- Your Medical Market Place is Here!
- Choose Your Doctor!
- Choose Your Location!
- Pick Your Time!
- Name Your Price!
- Need Some Help!
- Buy Your Prescriptions!
- Check Credentials Of the Medical Provider Here!

Member Log-in

Medical Professional

User name:	User name:
<input type="text"/>	<input type="text"/>
Password:	Password:
<input type="password"/>	<input type="password"/>
Forgot Your Password	
No problem! Just enter the email address you signed up with or click here for more options. Your current password will be emailed to you.	
E-mail address:	
<input type="text"/>	
Get Password	

Charity Begins Here!

Need Help/ Give Help!

We appreciate any doctor and hospital willing to donate his service to help a person in need. Services posted in this area will be given documentation and may qualify for direct tax credit reimbursement in your area. Price your services accordingly and bid accordingly.

Let us take care of our needy patients with tax credits directly to care givers and protect the tax payer with competitive bidding.

Enter here to post your service for the needy or if you are in need of medical help and qualify for economically disadvantaged.

FIG. 13
EXAMPLE REGISTRATION/SIGN-IN PAGE

Registration/User	
Home Browse Search List Ad Registration Help!	
EMedicalBid.com	
<i>Welcome, to the medical resource site, giving you a choice in your medical care!</i>	
<i>Please fill out the following form. * Indicates a mandatory field.</i>	
Contact Information	
Name*	<input type="text"/>
Firm Name	<input type="text"/>
Street Address*	<input type="text"/> <input type="text"/>
City*	<input type="text"/>
State*	<input type="text"/> Please input a state or province, using an abbreviation if appropriate, ie NY etc...
Zip Code*	<input type="text"/>
Country	<input type="text"/>
Office Telephone Number	<input type="text"/>
E-mail address*	<input type="text"/>
Name of Contact Person*	<input type="text"/>
Billing Information	
Card Type*	<input type="text"/>
Name on Card*	<input type="text"/>
Account Number*	<input type="text" value="0000-0000-0000-0000"/>
Expire Date*	<input type="text"/> <input type="text"/>
User Information	

FIG. 14
EXAMPLE USER REGISTRATION PAGE

Home	Browse	Search	Sell Item	Registration	Help
EMedicalBid.com					
<i>Welcome, to the medical resource site, giving you a choice in your medical care!</i>					
Sell Your Item/Service					
Please fill out the following form. Need help to get started, start here					
* New to Selling? * Seller Tips * Fees * Registration * Medical Provider Registration * Finding a Category					
Contact Information					
Your User ID:		<input type="text"/> You can also use your email address			
Your Password:		<input type="text"/> <i>Forgot your password?</i>			
Name		<input type="text"/>			
Firm Name		<input type="text"/>			
Street Address*		<input type="text"/> <input type="text"/> <input type="text"/>			
City*		<input type="text"/> <input type="text"/> <input type="text"/>			
State*		<input type="text"/> Please input a state or province, using an abbreviation if appropriate, i.e. NY etc...			
Zip Code*		<input type="text"/>			
Country		<input type="text"/>			
Office Telephone Number		<input type="text"/>			
E-mail address*		<input type="text"/>			
Name of Contact Person*		<input type="text"/>			
Billing Information					
Card Type*		<input type="text"/>			
Name on Card*		<input type="text"/>			
Account Number*		<input type="text" value="0000-0000-0000-0000"/>			

FIG. 15A
EXAMPLE SERVICE PROVIDER'S PLACE AD PAGE

Expire Date*

AD Information

**Title
required***

(45 Characters max; no HTML tags, asterisks, or quotes as they interfere with search) *see tips*.

Category required

You have chosen category #

Just click in the boxes below from left to right until you have found the appropriate category for your item. The chosen category number will appear in the small box to indicate that you have made a valid selection.

Services	Supplies/Equipment	Alternative
Surgical	Equipment	Acupuncture
Urology	Buy	Chiropractor
Plastic/Cosmetic	Rent/Lease	Massage Therapy
Cardiac	Sell	Dietitians
Orthopedic	Supplies	Infertility Treatment
Podiatrists	Medication	Dermatology
General Medical	OTC	Chemical Rehab
Psychiatric	Cosmetic	Disability Services
Dentist	Optometrist	Charity
Cosmetic	Glasses/Contacts	
Laser Whitening	Eye Surgery/laser	

Description *

You can use basic HTML tags to spruce up your listing.
You can add one primary photo, in the following format:
 See tips

Web site/URL

Flat Rate Services

FIG. 15B
EXAMPLE SERVICE PROVIDER'S PLACE AD PAGE

Make your item stand out and get more bids! Try these options

Boldface Title? \$2.00 charge

Featured? \$39.00 *learn more*

Feature in Category? \$12.00 charge *learn more*

User Information

Item/Service Location	<input type="text"/> City, Region (e.g., Phoenix, AZ) <i>More about regional selling</i>
	Increase your exposure for no additional cost! when you choose a region, bidders will see your item on both the EMedicalBid and the Regional pages.

Payment Methods	Money Order/Cashiers Check	Personal Check
Choose all that you will accept	Visa/Master Card	COD (Cash on Delivery)
	Discover	American Express
Where will you ship?	Will ship to United States only	
	Will ship internationally (worldwide)	
Who pays for shipping?	Seller Pays Shipping	
	Buyer Pays Fixed Amount	
	Buyer Pays Actual Shipping cost	
Other Expenses	Airline/Hotel cost included	
	Airline/Hotel paid by buyer	
	Lab work cost included	
	Lab work paid by buyer	
Terms	10% due, balance upon service received	
	20% due, balance upon service received	
	30% due, balance upon service received	
	50% due, balance upon service received	
	100% due after bid is accepted	
	Other, arrangement will be made with bidder	

Quantity

If quantity is more than one, then you will have a *Dutch Auction Item, see tips*

FIG. 15C
EXAMPLE SERVICE PROVIDER'S PLACE AD PAGE

Minimum bid per item
(e.g., 2.00) Please do not include commas or currency symbols, such as \$.)

Duration days

Reserve Bid per item
(e.g., 2.00) Please do not include commas or currency symbols, such as \$.) If the reserve bid price is not reached you are under no obligation to provide/sell service [\(learn more\)](#).

Minimum bid (e.g., 2.00) Please do not include commas or increment currency symbols, such as \$.)

Pricing Adjustment in terms of medical condition:

Medical Concurrent Complexity Rating: *(Service provider submits this info)*

[0] No Concurrent Medical Problems That Would Impact This Service Complexity
[1] Some Concurrent Medical Problem/Condition That Impacts The Service Complexity
[2] Concurrent medical Problems And History of Prior Treatments That Affect the Complexity Of This Service

[0] No Medical Problem: — 0% Adjustment From Bid Price

[1] Some Medical Problems that will impact service complexity:


0%
10%
20%
30%

[2] Has a history or prior treatment/history that will affect the complexity of this service:


0%
10%
50%

Please press the "review" button below to see what fees are due immediately and what may be due if your item sells. You will not incur any fees until you accept the terms disclosed in the next screen.

Press Review

Looks good, place my listing Submit

Press Reset to clear the form and start over.

FIG. 15D
EXAMPLE PLACE AD PAGE

[Home](#) | [Browse](#) | [Search](#) | [List Ad](#) | [Registration](#) | [Help!](#)

EMedicalBid.com

Welcome, to the medical resource site, giving you a choice in your medical care!

Plastic Surgery

Select a Month for Service: <input type="text"/>	Select a State for Service: <input type="text"/>	KeyWord Search: <input type="text"/> <input type="button" value="Submit"/> <input type="button" value="Reset"/>
--	--	---

	<i>Time Left</i>	<i>Last Bid</i>
Facelift, cheek or chin implants, CT, anytime, 5500.	6hrs	5525.
Neck Lift, get rid of that waddle under your neck,	12 days	1800.
Plastic/Cosmetic Surgery:		
Lip Enhancement	5day	900
Botox between eyebrows	22hours	325
Plastic Surgery Wanted:		
Nose reconstruction/May/NYC/ 2800	15days	0

FIG. 16
EXAMPLE SEARCH ITEM PAGE

Plastic Surgery/Procedure/Location/Time

Home Browse Search List Ad Registration Help!

EMedicalBid.com

Welcome, to the medical resource site, giving you a
choice in your medical care!

Your
User ID:

You can also use your email
address

Your
Password:

Forgot your password?

High Bid:

Minimum Increment:

Place Your Bid:

My Complexity Rating:

(Submitted by prospective patient/bidder)

The "Wattle" Neck Suspension as seen on Fox 5 News

Plastic Surgery

Procedure: Neck Lift/Suspension

Location: Connecticut

Time: Any

Doctor: Julian L. Henley

Credentials: Board Certified

The "Wattle" neck suspension operation is a recent innovation performed by Dr. Henley. The internal suspension procedure (Laser assisted) is minimally invasive and softly reshapes the saggy neck. By making three small incisions, then pulling the muscle back up with threaded sutures, the neck is wonderfully reshaped to a more pleasing and more youthful appearance. The effect is natural, long term, and the recovery is about 3 day's and discomfort is minimal. This procedure is often performed with other procedures such as liposculpture and temporal lift to further enhance the overall rejuvenating effect. At the time of the complimentary consultation the best combination of procedures will be discussed with the winning bidder



FIG. 17A
EXAMPLE BIDDING FORM PAGE

Your User ID

Special Requirements:

1. **No medical contradiction**
2. **Procedure is appropriate for the bidder and discussed during a complimentary preoperative consultation**
3. **Facility fees, anesthesia fees, transportation fees are not included**
4. **Procedure will be performed at private surgical suite within a university affiliated hospital or one of the Yale affiliated hospital in Connecticut**
5. **Procedure can be scheduled for any month suited to meet your need.**

Each individual is unique. The result of a good surgery creates a natural look never a made up look. Improvement will vary from patient to patient depending on skin, age, and ethnic background.

To achieve optimal results sometimes several procedures may be needed in combination; this will be discussed during your complimentary consultation.

Payment: Ten percent of bid within five days of bid closure. The remaining monies are due two weeks prior to procedure schedule date.

Suitability: The seller of this service reserves the right to evaluate the bidder medically and aesthetically and if the procedure is deemed unsuitable, the monies will be fully refunded.

For a better sense of the results from this procedure visit our web site at:
<http://www.plasticsurgeon4u.com>

Indexing Words: Plastic surgery, Cosmetic surgery, Rejuvenation, beauty, Anti-Aging, Neck lift, Face lift, Lip enhancement, Botox, Liposuction, Nasal Reconstruction, Skin Resurfacing, Cheek implants, Chin implants, Eye lift

FIG. 17B
EXAMPLE BIDDING FORM PAGE

BidderFeedback

[Home](#) | [Browse](#) | [Search](#) | [List Ad](#) | [Registration](#) | [Help!](#)

EMedicalBid.com

Welcome, to the medical resource site, giving you a choice in your medical care!

Bidder Feedback Form: (Describe Your Provider)

Provider:

Name:

License Number: [this will pop up after name is typed in]

Service ID Number: [This will pop up after name is typed in]

Service Category:
 LIST

Transaction Ease:
 0 - Smooth
1 - Some delays
things got done
2 - Difficult office
problems getting things done

Treatment Outcome:
 0 - Smooth
1 - Some complications within
scope of service
2 - Unexpected problems/
complications

Suggestions/Comments About or For Provider:

(160 Characters)

Submit Form **Reset Form**

FIG. 18
EXAMPLE BIDDER FEEDBACK FORM PAGE

Provider Feedback Form: (describe your patient)

Patient ID No. _____

Patient Compliance:

FIG. 19
EXAMPLE SERVICE PROVIDER FEEDBACK FORM PAGE